

**ANNEX H**  
**STATE EMERGENCY FUNCTION #8a**  
**MENTAL HEALTH**

**LEAD AGENCY:** Department of Human Services, Mental Health Division [Link to DHS website](#)

**SUPPORTING AGENCIES:** Colorado Office of Emergency Management, Public Health & Environment, Red Cross, COVOAD

**I. PURPOSE**

This annex defines a way to detect and address the emotional reactions of victims and responders following a disaster or emergency.

**II. SCOPE**

The scope of this annex is to provide technical assistance and resources to emergency management and state personnel in the aftermath of an emergency, disaster or terrorist event. The state Division of Mental Health Services will act as lead agency - coordinating activities with SEF 8 lead, Colorado Department of Public Health and Environment.

**III. SITUATION**

Emergencies, disasters and terrorist events raise the stress levels in victims and responders, affect their mental and emotional well being and potentially result in a decreased ability to carry out daily life and work related functions.

**IV. ASSUMPTIONS**

- A. Emergency or disaster incidents or terrorist events have psychological impacts on their victims.
- B. Emotional distress is usually apparent at the time of the critical incident. Mental health interventions may be required immediately.
- C. Psychological reactions to the traumatic event can be observed through cognitive, emotional, physical and behavioral manifestations for several weeks and months following the incident.
- D. Emotional stability can usually be achieved by utilizing existing support structures. Individuals, families and communities return to pre-disaster modes of functioning within a few months to a year.
- E. Outreach and crisis counseling interventions can assist survivors to meet new challenges and offer support in their recovery process to return to pre-disaster performance and functioning levels.
- F. Inability to adequately process and problem-solve the psychological impacts of the incident can cause significant individual and relationship problems. Consequently, individuals, families, and communities will experience conflict and performance deterioration. Professional services, including mental health interventions and treatment may be necessary.
- G. Current culturally competent standards of care, including confidentiality will be observed and practiced.

## **V. CONCEPT OF OPERATIONS**

- A. Department of Human Services, Mental Health Services (MHS) will provide personnel, known as mental health emergency and disaster response coordinators, to the State Office of Emergency Management (OEM) upon activation.
- B. MHS personnel will provide OEM with technical assistance regarding the characteristics of the impacted population and the resulting emotional trauma to the victims.
- C. At the request of OEM, MHS will coordinate the activation of public and private mental health and substance abuse treatment providers, as well as other entities that can be identified as useful in the mental health response system.
- D. MHS personnel will recommend to OEM the type of interventions and the quantity of resources that will be necessary to address psychological impacts of the critical incident. Services may include crisis counseling, critical incident stress debriefings, assessment, triage, treatment, and public education.
- E. MHS personnel may activate the Inpatient Psychiatric Facility Incident Command Center at Colorado Mental Health Institute at Fort Logan or Colorado Mental Health Institute at Pueblo if necessary.

## **VI. ORGANIZATION AND RESPONSIBILITIES**

- A. The Department of Human Services, Mental Health Division is the lead agency for the development and coordination of plans and programs for mental health activities and will:
  - 1. Report to the State OEM and provide assistance as requested. Activate the mental health disaster response system. The activation may include assisting statewide inpatient psychiatric bed allocation/need and related issues. Will serve as requested to assist shelter occupants and SEF 6.
  - 2. Create and maintain a statewide mental health disaster response system and plan(s). The plans will include the identification of MHS, community mental health center, and public mental health institute personnel as emergency and disaster coordinator(s).
  - 3. Conduct planning efforts and create formal and informal agreements with other agencies that identify with mental health disaster response functions such as the American Red Cross, Office of Victims Assistance, and Faith-Based Organizations.
  - 4. Enhance response capacity by securing agreements with potential service providers.
  - 5. Secure and enhance financial resources and track all costs for mental health operations for possible reimbursement.
  - 6. Enhance response capacity by improving providers' knowledge and skills. Provide training to the mental health disaster response system organizations in order to create a cadre of competent mental health emergency and disaster responders.
  - 7. Enhance first responder recognition of victim disaster borne emotional distress.
  - 8. Create public resiliency by providing information about the effects of trauma and techniques for managing stress.